



**PATIENT NEUROTOXIN (BOTOX,  
INJECTION CONSENT**

**XEOMIN OR DYSPORT)**

Neurotoxins work by temporarily relaxing the facial muscles that are responsible for producing the wrinkling of the facial skin, thus producing the appearance of smoother, flatter skin. Neurotoxins are safe, widely tested, and approved by the FDA.

A dramatic improvement in the appearance of lines and wrinkles but not a radical change in appearance can be expected. Treatment typically last 3 to 4 months. However, each patient responds differently to neurotoxins. No guarantee can be made with regard to the result or the length of time it will last.

I understand that it is recommended that I not take aspirin, non-steroidal anti-inflammatory medication, or any blood anti-coagulants before this procedure. These medications may increase the risk of bruising.

\_\_\_\_\_ (initial)

I understand the procedure and its side effects. Possible side effects are headache, discomfort or pain, swelling and bruising at the injection site and /or drooping that may persist for several weeks, but is generally temporary.

\_\_\_\_\_ (initial)

I understand that patients with certain medical conditions may not have this procedure done. These include those with any type of facial paralysis such as Bell's palsy, Guillain-Barre Syndrome and Myasthenia Gravis. Patients who are pregnant or breastfeeding should not use neurotoxins.

\_\_\_\_\_ (initial)

Prior to treatment, a physician or advanced nurse practioner reviewed my complete medical history, examined me, reviewed the procedure and the technique they plan to use with me, and answered, to my best satisfaction, all questions I have regarding the treatment. I agree that this constitutes full disclosure, and that it supercedes any previous verbal or written disclosures.

\_\_\_\_\_ (initial)

Postoperative care: Stay erect and do not manipulate the area for at least 4 hours. Forward bending is also prohibited during this period.

\_\_\_\_\_ (initial)

Before and after care instructions have been explained and given to me. I understand my responsibility of properly following these instructions to minimize any risks of complications.

\_\_\_\_\_ (initial)

**I certify that I have read the above consent and fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the neurotoxin injection procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.**

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**Signature-Patient or Guardian**

**Print Name/Relationship**

**Date**

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**Signature-Witness**

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**Print Name**

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**Date**